Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	i on Man / Dab / Yayaya
Full Name of Payee	Date of Public Distribution/Dissemination
Cynthia J Christmas	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	70.00
New Orleans LA 70116	Transaction ID : cee6c084-1aa6-4b92-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 / 11 / 2014
	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Cynthia J Christmas	Date of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St	11 12 2014
TOT I TOTAL OF	Amount
City State Zip Code	10.50
New Orleans LA 70116	Transaction ID: e20a8445-e74f-4b0b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	80.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	11 14 2014
Signature	

NAME OF COMMITTEE (In Full)	
· /	ATION NUMBER ▼
Women Speak Out PAC C c0053076	56
Check if X 24-hour report 48-hour report New report Amends report filed on	/ Y = Y = Y
Full Name of Payee Nicholas O Wilcox  Date of Public Distribut	/ Y = Y = Y = Y
Mailing Address 1981 Cherokee St  Amount	2014
City. Code	42.00
City State Zip Code  Baton Rouge LA 70806 Transaction ID : 5af97 Date of Disbursement	
Purpose of Expenditure Salary  Category/ Type  001  11  12	/ Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prim 2014 □ Other (specify) ▶	nary X General
Full Name of Payee Nicholas O Wilcox  Date of Public Distribut	/ Y = Y = Y = Y
Mailing Address 1981 Cherokee St  Amount	2014
City State Zip Code	4.86
Baton Rouge LA 70806 Transaction ID : 9a1599 Date of Disbursement	
Purpose of Expenditure Mileage  Category/ Type  002  11  12	2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For:  Prin 2014  Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expenditures	47.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, cons with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entiparty committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 11 14	2014 Y

Schedule E)	<b>L</b> /( <b>L</b> (2)	1101120		PAGE 3 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	"M / D "D / Y "Y "Y "Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Heather A Smith				of Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd			— L	11 12 2014
			Amou	nt
City	State	Zip Code		38.00
Calhoun	LA	71225		action ID: 081f265d-0003-4468-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 / 12 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	2	271547.24	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Heather A Smith			N.	11 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 995 Clairborne Rd			─	
			Amou	nt
City	State	Zip Code		14.10
Calhoun	LA	71225		oction ID: ee31872a-6893-4701-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	N	11 / 12 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursemen 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures.			<b>•</b>	52.10
(b) SUBTOTAL of Unitemized Independent Expenditure	əs		. •	7 1 7 1 5
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	, 11	14 2014
Signature		_		

Schedule E)	PAGE 4 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O think
Check if X 24-hour report 48-hour report New report Amer	nds report filed on
Full Name of Payee  Joshua J Huffman	Date of Public Distribution/Dissemination
	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 211 Dixie Ave	Amount
City State Zip Code	50.00
Harrisonburg VA 22801	Transaction ID: e02eb96f-1969-4660-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Su	pport Office Sought: House District: 00
Ma Manual Landeless	pose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 271547.24	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
John K Necaise III	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1905 Franklin Ave	Amount
City State Zip Code	40.00
New Orleans  LA 70117	Transaction ID : e1e1d422-c87b-4f5f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 11 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	pport Office Sought: House District: 00
Ms. Mary L Landrieu Op	pose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 271547.24	Disbursement For:  Primary  General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	··············
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 11 14 2014
Signature	

Schedule E)	TI EXI END	ITOTIES		PAGE 5 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
John K Necaise III			11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1905 Franklin Ave			Amount	
City	State	Zip Code		13.56
New Orleans	LA	70117		D: 72c82f52-aa55-4a55-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			M M /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		60.00
Walker	LA	70785		: 2e2f270d-1347-47bf-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	271547.24	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			73.56
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / D D D 14	2014

Schedule E)	VI EXI EIVE	ITOTIES	<u> </u>	PAGE 6 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Сс	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		14.10
Walker	LA	70785		: 78c57e62-731b-4d48-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	2	271547.24	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Alice K Salazar			11	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		80.00
Marshall	TX	75633		: 80de260e-cb46-483f-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	271547.24	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			94.10
			-	7 4
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>)</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 14	2014
5.g/idda/5				

Schedule E)	IVI EXI EIVE			PAGE 7 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 00000700
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Alice K Salazar			Date of	Public Distribution/Dissemination
				11 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Amoun	t
City	State	Zip Code		47.70
Marshall	TX	75633		ction ID : 55c933bc-e2a1-4656-b
Purpose of Expenditure Mileage		Category/ Type 002	М	11 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement 2014 Oth	For: Primary ⊠ General
Full Name of Payee	_			f Public Distribution/Dissemination
Carla K Pilgreen				11 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr				
			Amoun	t
City	State	Zip Code		70.00
West Monro	LA	71291		tion ID: a9c33891-d148-4b9c-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 12 / 2014
Name of Federal Candidate		Support	Office Sought	House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		·· •	117.70
(b) SUBTOTAL of Unitemized Independent Expen	ditures			7 1 7 1 7
(c) TOTAL Independent Expenditures			· [	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	M M / 11	14 2014
Signature				

Schedule E)	I LAI LINDI	TOTILO		PAGE 8 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Carla K Pilgreen			M 11	12 / 2014
Mailing Address 212 Stonecliff Dr			Amount	
City	State	Zip Code		10.80
West Monro	LA	71291		on ID: e6a92d2a-1194-49dc-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71547.24	Disbursement For 2014 Other	r:
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Chelsey Waite			M M M	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		25.00
Baton Rouge	LA	70816		n ID : b4fb1146-077c-465f-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	·s			35.80
				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 1	

Schedule E)		NOLIVI EXI END.	TOTILO		PAGE 9 OF 44 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if X 24-ho	ur report 48-hour rep	port New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Pa	ayee Ecuyer				of Public Distribution/Dissemination
Mailing Address	3738 Woodland Ridge Blv	d		Amou	11 12 2014
C:4. /		Ctoto	7:- Codo		25.00
City Baton Rouge		State LA	Zip Code 70816		25.00 action ID : eb966ce0-5db7-485c-a of Disbursement or Obligation
Purpose of Exp Salary	enditure		Category/ Type 001		11 12 12 2014
Name of Federa	al Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Lan	drieu		X Oppose	Preside	ent Senate State: LA
	ear-To-Date n for Office Sought	2	71547.24	Disbursemen 2014 O	t For:  Primary
Full Name of Po Vanessa E	Ecuyer				of Public Distribution/Dissemination
Mailing Address	3738 Woodland Ridge E	Blvd		Amou	nt
City		State	Zip Code		25.00
Baton Rouge Purpose of Exp	anditure	LA	70816	Date	oction ID : e65f52f6-1d14-4faa-b of Disbursement or Obligation
Salary	enaiture		Category/ Type 001		11 12 / 2014
Name of Federa	al Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Lan	drieu		X Oppose	Preside	
	ear-To-Date n for Office Sought		271547.24	Disbursemen 2014	t For:
(a) SUBTOTAL	of Itemized Independent Ex	penditures		•	50.00
(b) SUBTOTAL	of Unitemized Independent	Expenditures			
(c) TOTAL Indep	pendent Expenditures			· [	7 7 7
with, or at the re		candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	ically Filed] Date	, 11 /	14 2014
Signature					

FEC IDENTIFICATION NUMBER ¥   C   C00539766		nedule Ly	FOR SE OF FORM 24/48
C CO0530766  Check if   24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Charleen Ecuyer  Mailing Address 3738 Woodland Ridge Blvd  City State Zip Code Baton Rouge LA 70816  Category Jay Dopose  Caledar Year-To-Date Per Election for Office Sought  City State Zip Code Ms. Mary L Landrieu  Caledar Year-To-Date Beau Autin  Mailing Address 345 Auroura Ave  City State Zip Code Ms. Mary L Landrieu  Caledar Year-To-Date Purpose of Expenditure Salary  City State Zip Code Ms. Mary L Landrieu  Caledar Year-To-Date Purpose of Expenditure Salary  Category/ Salary  Category/ Type 001  Tansaction ID: 118865930 doc64-4c3b-a Date of Public Distribution/Dissemination  Transaction ID: 15865930 doc64-4c3b-a Date of Public Distri	۷۷	omen Speak Out PAC	C C00530766
Charleen Ecuyer  Mailing Address 3738 Woodland Ridge Blvd  City State Zip Code Transaction ID : 711c8514-5046-4fbd-b Bate of Disbursement or Obligation Mileage  Name of Federal Candidate Sought Solary Sola	Che	ck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 3738 Woodland Ridge Blvd  City State Zip Code Touch Date of Disbursement or Orbigation  Missary L Landrieu Support Office Sought Senate State:  Calendar Year-To-Date Parpose of Expenditure Mas. Mary L Landrieu Office Sought Date of Disbursement or Orbigation  Mailing Address 345 Auroura Ave  City State Zip Code Disbursement For: Primary General Purpose of Expenditure Salary Calendar Year-To-Date LA 70006  Purpose of Expenditure Salary Oppose Office Sought Of	Т		Date of Public Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd  City State Zip Code Baton Rouge LA 70816  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Category/ Type 002  Transaction ID : 711e814-50d6-4fbd-b Date of Disbursement or Orbigation  Ms. Mary L Landrieu  Category/ Opose  President Senate State: LA  Category Opose  Beau Autin  Mailing Address 345 Auroura Ave  City State Zip Code  Beau Autin  Category Opose  City State Zip Code  Mctairic LA 70006  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Category Opose  Category Opose  Category Opose  Transaction ID : 711e814-50d6-4fbd-b Date of Disbursement For: Primary Caperal  Category Opose  Transaction ID : 711e814-50d6-4fbd-b  Thus Date of Public Distribution/Dissemination  11 1 2 2014  Amount  City State Zip Code  Category Opose  Category Opose  Category Opose  Transaction ID : 711e814-50d6-4fbd-b  Tother (specify) ►  Category Opose  Transaction ID : 711e814-50d6-4fbd-b  Tother (specify) ►  Category Opose  Til 1 2 2014  Amount  City State LA  Thus Opose  Collegation ID : 710e814-50d6-4fbd-b  Tother (specify) ►  Category Opose  Transaction ID : 711e814-50d6-4fbd-b  Tother (specify) ►  Category Opose  Til 1 2 2014  Amount  City State: LA  Thus Opose  Transaction ID : 711e814-50d6-4fbd-b  Tother (specify) ►  Category Opose  Til 1 2 2014  Amount  City Category Opose  Transaction ID : 711e814-50d6-4fbd-b  Tother (specify) ►  Category Opose  Til 1 2 2014  Amount  City Category Opose  Til 2 2014  City Category Opose  Transaction ID : 711e814-50d6-4fbd-b  Tother (specify) ►  Thus Opose  The Category Opose  Til 2 2014  Thus Opose  The Category Opose  Til 2 2014  Thus Opose  The Category Opose  Til 2 2014  Thus Opose		•	
Baton Rouge  LA  70816  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement For:  LA  Disbursement For:  Primary  General  Per Election for Office Sought  Primary  Category  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Transaction ID: 711c8 Date Date Date of Public Distribution/Dissemination  Transaction ID: 711c8 Date Date Date Date Date Date Date Date		Mailing Address 3738 Woodland Ridge Blvd	Amount
Baton Rouge  LA  70816  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement or Obligation  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Disbursement For:  LA  Disbursement For:  Primary  General  Per Election for Office Sought  Primary  Category  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Will  Transaction ID: 711c8514-50d6-4fbd-b Date of Public Distribution/Dissemination  Transaction ID: 711c8 Date Date Date of Public Distribution/Dissemination  Transaction ID: 711c8 Date Date Date Date Date Date Date Date	ŀ	City State Zip Code	5.70
Purpose of Expenditure Mileage  Category/ Type  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Cat		·	
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Beau Autin  Mailing Address 345 Auroura Ave  City State LA 70006  Metairie  LA 70006  Transaction ID: fb8d5930-0c96-4c33-a Date of Disbursement For:  2014  Amount  City State LA 70006  Transaction ID: fb8d5930-0c96-4c33-a Date of Disbursement or Obligation  Mill 11  12  2014  Amount  Category/ Type  Office Sought:  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date	f	Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  President Senate State: LA  Disbursement For: Primary General  2014 Other (specify) ▶  Full Name of Payee  Beau Autin  Mailing Address 345 Auroura Ave  City State Zip Code Metairie  LA 70006  Purpose of Expenditure  Salary  Category/ 1/19 001  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Cale	f	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  271547.24  2014  Other (specify) ▶  Full Name of Payee Beau Autin  Mailing Address 345 Auroura Ave  City State Zip Code Metairie LA 70006  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify) ▶  Date of Public Distribution/Dissemination  Transaction ID: fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation  Transaction ID: fb8d5930-0		Ma Marriel Landrick	
Full Name of Payee Beau Autin  Mailing Address 345 Auroura Ave  City State Zip Code Anount  City State Zip Code Anount  City State Zip Code Anount  Category' Doll Transaction ID: fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Support Office Sought: House District: Doller Federal Candidate Anount  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President Expenditures  Calendar Year-To-Date President Senate State: LA  Disbursement For: Primary General Other (specify)   Cother (specify)   Cother (specify)   Category' Doll		Calcification Bale	
Beau Autin  Mailing Address 345 Auroura Ave  City State Zip Code Metainie LA 70006  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Ms. Emily Buchanan  [Electronically Filed]  Mamunt  Amount  Amount  Amount  Category  40.00  Transaction ID: fb8d5930-0c96-4c3b-a  Date of Disbursement or Obligation  Transaction ID: fb8d5930-0c96-4c3b-a  Date of Disbursement or Disbursement or Obligation  Transaction ID: fb8d5930-0c96-4c3b-a  Date of Disbursement or Dis	ŀ		
Mailing Address 345 Auroura Ave    City			M - M / D - D / Y - Y - Y
Metairie  LA 70006  Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation  Purpose of Expenditure  Salary  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation  Office Sought:  House District: _00  President  Senate State: LA  Disbursement For: Primary  General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation  Table of Disbursement For: _00  President  Senate State: LA  Other (specify) ▶  45.70  Disbursement For: _01  Primary  Addition  Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement For: _01  President  Senate State: LA  Other (specify) ▶	-	Mailing Address 345 Auroura Ave	
Metairie  LA 70006  Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation  Purpose of Expenditure  Salary  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation  Office Sought:  House District: _00  President  Senate State: LA  Disbursement For: Primary  General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation  Table of Disbursement For: _00  President  Senate State: LA  Other (specify) ▶  45.70  Disbursement For: _01  Primary  Addition  Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement For: _01  President  Senate State: LA  Other (specify) ▶	-	City State Zip Code	40.00
Purpose of Expenditure Salary    Category/ Type			Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA	-	Salany Category/ 001	M M / D D / Y Y Y Y
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA	-	Name of Federal Candidate Support Office	Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		Calendar Year-To-Date Disbu	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(;	a) SUBTOTAL of Itemized Independent Expenditures	45.70
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  1 14 2014	(1	b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Man	(	c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 14 2014	W	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Duto 11 12 2011		(F1 - 4 11 - F2 - 11	
		Buto	

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OF

Schedule E)	VI EXI END	ITOTILO		PAGE 11 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of I	Public Distribution/Dissemination
Beau Autin			M 11	
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		1.68
Metairie	LA	70006		tion ID : b0e5fe81-38c5-43fc-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	271547.24	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of	Public Distribution/Dissemination
Lesley Lennox			1	
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code	-	15.00
Metairie	LA	70001		on ID: 2311169a-4758-4882-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	271547.24	Disbursement F 2014 Othe	or: Primary X General  or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			16.68
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· .	7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		14 2014

Schedule E)				PAGE 12 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / T = T = T = T
Full Name of Payee Lesley Lennox				of Public Distribution/Dissemination
Mailing Address 2305 Cleary Ave				11 12 2014
2000 Glodily Avo			Amou	nt
City	State	Zip Code		1.80
Metairie	LA	70001		action ID : 6c2819d1-c51a-43c5-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 D D / Y Y Y Y Y Y 11 12 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	271547.24	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			<u> </u>	of Public Distribution/Dissemination
Michael A Toomey				1 M / D D / Y Y Y Y
Mailing Address 4120 Bon Aire Dr Apt 6307			<u> </u>	11 12 2014
Mailing Address 4120 Bon Aire Dr Apt 6307			Amou	nt
City	State	Zip Code		25.00
Monroe	LA	71212		oction ID: 985f4c2a-2b82-4e78-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 12 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	26.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
				45 45 45
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	14 2014
Signature				

Schedule E)	IVI EXI END	ITOTIES	<u> </u>	PAGE 13 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Сс	00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Michael A Toomey			M = M /	Distribution/Dissemination
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount	12 2014
City	State	Zip Code		13.50
Monroe	LA	71212		: 1d85554c-38e2-4af0-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jenny N Brown			11	12 / 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		40.00
West Monroe	LA	71292		e e4b770b0-c25a-4c78-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	271547.24	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		<b>•</b>	53.50
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	7
			4	4 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 14	2014
g.i.a.a.i.o				

Schedule E)	I EXI ENDI	TOTILO		PAGE 14 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Jenny N Brown			11	12 / 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		6.00
West Monroe	LA	71292		ID: b3766e0e-bb3e-4463-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1 M	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71547.24	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Cathy Longtin			M M M 11	12 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code	<u> </u>	80.00
New Orleans	LA	70124		D: e93052fb-521f-4fce-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S			86.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	2014
Signature				

Schedule E)	NI EXI END	HONES	_	AGE 15 OF 44 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Cathy Longtin			11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		8.10
New Orleans	LA	70124		: d19c3737-b579-4cf1-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	271547.24	Disbursement For:  2014  Other (spec	Primary X General
Full Name of Payee			Date of Public I	Distribution/Dissemination
Jerome M Weil			11	12 / 2014
Mailing Address 101 Durham Drive			Amount	
City	State	Zip Code		20.00
Lafayette	LA	70508		<b>092246d9-489f-463e-9</b> ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	271547.24	Disbursement For: 2014 Other (spec	Primary   X General
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	28.10
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· <b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 14	2014
3.9				

Schedule E)		PAGE 16 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 000000.00
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee  Jerome M Weil		Date of Public Distribution/Dissemination
		11 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Durham Drive		Amount
City State	Zip Code	4.50
Lafayette LA	70508	Transaction ID: a23d6b4d-9fdd-4823-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement of Obligation  11 12 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	271547.24 Dis 201	bursement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Theresa a Youngblood		M M / D D / Y Y Y Y
Mailing Address 102 S Main Street Apt A2		11 12 2014
132288		Amount
City State	e Zip Code	40.00
Berryville VA	22611	Transaction ID: 61b9c43b-2168-4fa2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	271547.24 Dis 20°	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(c) TOTAL Independent Expenditures	·····	
		47-1-47-1-47-1-47-1-47-1-47-1-47-1-47-1
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	11 14 2014
Signature		

Schedule E)	NI EXI END	ITORES	F	PAGE 17 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Eva M Johnston			11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2517 N 47th St			Amount	
City	State	Zip Code		30.00
Milwaukee	WI	53210		: 954113e7-78f4-4b4a-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	271547.24	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Julia Perry			M M /	12 2014
Mailing Address 2046 Perrin St Apt C			Amount	.2014
City	State	Zip Code		90.00
Shreveport	LA	71101		: 765ced04-13e7-40af-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			120.00
			7	7-1-7-1
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	79-1-75-1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	2014

Schedule E)	VI EXI EIVE	TOTILO		PAGE 18 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	C Distribution/Dissemination
Julia Perry			11	12 / 2014
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		13.50
Shreveport	LA	71101		ID: ba68940d-727f-43d4-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	271547.24	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Christopher Marquess			M = M 11	12 2014
Mailing Address 110 W Pecan St			Amount	12 2014
City	State	Zip Code		50.00
Ville Platte Purpose of Expenditure	LA	70586	Date of Disbu	D: 37ec1d6a-b749-4a49-9 ursement or Obligation
Salary		Category/ Type 001	11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	rae			63.50
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURE	C3			03.30
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>•</b>	7 1 4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	2014
-				

Schedule E)	VI EXI END	TOTILO	PAGE 19 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee Christopher Marquess			Date of Public Distribution/Disseminatio	
Mailing Address 110 W Pecan St			11 12 2014 Amount	_
City	State	Zip Code	32.4	10
Ville Platte	LA	70586	Transaction ID : dfc4b9e1-11fa-4f02-a Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	0
Ms. Mary L Landrieu		X Oppose	President State: LA	
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For:  Primary  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  Genera	eral
Full Name of Payee Christopher L Gilbert	_		Date of Public Distribution/Dissemination	
Mailing Address 55 Lovell Johnson Rd			11 12 2014  Amount	_
City	State	Zip Code	60.00	
Picayune	MS	39466	Transaction ID : a0530535-511b-499d-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11 12 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Mary L Landrieu		Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	271547.24	Disbursement For:  Primary  Gen- 2014  Other (specify) ▶	eral
(a) SUBTOTAL of Itemized Independent Expenditu	res		92.40	
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	$\overline{}$
			7 7	_
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 14 2014	
Jigitataro				

Schedule E)	IN EXICIO	TIONES	<u> </u>	PAGE 20 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C c	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Christopher L Gilbert			M = M /	Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			Amount	12 2014
City	State	Zip Code		40.80
Picayune	MS	39466		: b85a8be7-efaa-4d14-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	111	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, , ,	271547.24	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Gary W Fuhrmann			11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		47.50
Shreveport	LA	71106		0376f9f9-31ba-427d-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	88.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
			-7-	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 14	2014
Signature				

Women Speak Out PAC    FeC IDENTIFICATION NUMBER ▼   C   C   C   C   C   C   C   C   C		modulo L)	FOR SE OF FORM 24/48
Check if    24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee  Gary W Fuhrmann  Mailing Address 9,425 Jessica Drive  City Slate Zip Code Shreveport LA 71106  Purpose of Expenditure Mileage Support Section for Office Sought Shreveport Slate: LA Category Occurrence Felicia A Jones  Full Name of Payee Federal Candidate  Mailing Address 4106 Martha St  City Slate Zip Code Shreveport Slate Support Office Sought District Occurrence Felicia A Jones  Calendar Yasar-To-Date Per Section for Office Sought Slate Slate Slate: LA Title Observe Felicia A Jones  City Slate Zip Code Problem State: LA Category Occurrence Felicia A Jones  City Slate Zip Code Transaction ID: 1773/022-5587-4(4)-8 Detection for Office Sought District Occurrence Felicia A Jones  Calendar Yasar-To-Date Slate Slate: LA Title Occurrence Felicia A Jones  City Slate Zip Code Transaction ID: 5e068a41-8812-4588-b Date of Public Distribution/Dissemination Transaction ID: 5e068a41-8812-4588-b Date of Public Distribution/Dissemination Transaction ID: 5e068a41	۷۱	romen Speak Out PAC	C C00530766
Mailing Address 9425 Jessica Drive	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 9425 Jessica Drive  City State Zip Code Transaction ID: 1773f02-b587-44b-8 Date of Disbursement or Obligation  Name of Federal Candidate Support Spenditure Misage Per Election for Office Sought 271547.24 Disbursement For Date Per Election for Office Sought Date of Public Distribution/Dissemination  Full Name of Payee Pelicia A Jones  Mailing Address 4106 Martha St  City State Zip Code Shreveport LA 71109  Purpose of Expenditure Slatery Date of Public Distribution/Dissemination  Transaction ID: 1773f02-b587-444b-8 Date of Disbursement for Disignation  Transaction ID: 1773f02-b587-444b-8 Date of Disbursement or Obligation  Transaction ID: 1773f02-b587-444b-8 Date of Disbursement or Disignation  Transaction ID: 1773f02-b587-444b-8 Date of Disbursement or Disignation  Transaction ID: 1773f02-b587-44b-8 Date of Disbursement or Disignation  Transaction ID: 1773f02-b587-44b-8 Date of Disbursement or Disignation  Transaction ID: 1773f02-b587-44b-8 Date of Disbursement or Obligation  Transaction ID: 1773f02-b587-44b-8 Date of Disbursement or Disburseme		Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Shreveport LA 71106  Purpose of Expenditure Mailing Address 4106 Martha St  City State Zip Code Shreveport LA 71106  Name of Federal Candidate Per Election for Office Sought  Full Name of Payee Per Election for Office Sought  Mailing Address 4106 Martha St  City State Zip Code Shreveport LA 71109  Purpose of Expenditure Salary  Shreveport LA 71109  Name of Federal Candidate  Mailing Address 4106 Martha St  City State Zip Code Shreveport LA 71109  Purpose of Expenditure Salary  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Shreveport LA 71109  Purpose of Expenditure Salary  Category/ Onto Sought: House District: Onther (specify) Image of Disbursement for Colligation  Transaction ID - 50069411-8812-4bse-8-box of Disbursement or Obligation  The State LA  The S		·	
Shreveport    Category/ Tippe   Category/ Tippe		Mailing Address 9425 Jessica Drive	Amount
Shreveport    Category/ Tippe   Category		City State Zip Code	7.20
Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year To-Date Per Election for Office Sought  City Shreveport  LA 71109  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Shreveport  Category/ Salary  Category/ Shreveport  Category/ Type  Out  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement or Obligation  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement For:  Date of Public Distribution/Dissemination  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement For:  President  Senate  Amount  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement For:  Date of Public Distribution/Dissemination  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement For:  Primary  2014  Amount  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement For:  Primary  2014  Amount  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement For:  Primary  2014  Amount  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement For:  Primary  2014  Amount  Transaction ID: 5e068a41-88f2-4be8-b Da		·	Transaction ID : 1773fc02-b587-4f4b-8
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Felicia A Jones  Mailing Address 4106 Martha St  City State Zip Code Shreveport  LA 71109  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  C		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  President  Disbursement For: Primary General 2014  Other (specify)   Date of Public Distribution/Dissemination  Amount  City State Zip Code Shreveport  LA 71109  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Disbursement For: Primary General 2014  Other (specify)   President Senate State: LA Disbursement For: Primary General 2014  Other (specify)   87.20  Disbursement For: Primary General 2014  Other (specify)   87.20		Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Felicia A Jones  Mailing Address 4106 Martha St  City State Zip Code Shreveport LA 71109  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category Code  Support Office Sought  Category Oot Ms. Mary L Candidate  Support Office Sought  Category Oot Ms. Mary L Candidate  Support Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category Oot Ms. Mary L Candrieu  Calendar Year-To-Date Per Election for Office Sought  Category Oot Ms. Mary L Candidate  Calendar Year-To-Date Per Election for Office Sought  Category Oot Ms. Mary L Candrieu  Calendar Year-To-Date Per Election for Office Sought  Category Oot Ms. Mary L Candidate  Support Office Sought  Ms. Emily Suchanan  Ms. Emily Buchanan  [Electronically Filed] Date  Date  Date  Other (specify) ▶  Amount  Category  Transaction ID: 5e068a41-8812-4bea Bo.00  Transaction ID: 5e068a41-8e12-4bea Bo.00  Transaction ID: 5e068a41-8e12-4bea Bo.00  Transacti		Ma Marriel Landston	
Full Name of Payee Felicia A Jones  Mailing Address 4106 Martha St  City State Zip Code Shreveport LA 71109  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Odicitadi Tedi To Bate	
Mailing Address 4106 Martha St  City State Zip Code Shreveport LA 71109  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    11			Date of Public Distribution/Dissemination
Shreveport  LA 71109  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Type  Office Sought: House District:  O0 President Senate State: LA  Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement or Obligation  Titl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mailing Address 4106 Martha St	11 12 2014
Shreveport  LA 71109  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Type  Office Sought: House District:  O0 President Senate State: LA  Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 5e068a41-88f2-4be8-b Date of Disbursement or Obligation  Titl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		City State Zip Code	80.00
Purpose of Expenditure Salary    Category/ Type			Transaction ID : 5e068a41-88f2-4be8-b
Ms. Mary L Landrieu    Calendar Year-To-Date   Per Election for Office Sought   Primary   Canal   Other (specify)   Oth		Salary Odlegory 001	M M / D D / Y Y Y Y
Ms. Mary L Landrieu    Calendar Year-To-Date   Primary   General		Name of Federal Candidate Support Office	Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought  271547.24  Disbursement For: Primary General Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		Calendar Year-To-Date Disbu	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMM  Date  11  14  2014		(a) SUBTOTAL of Itemized Independent Expenditures	87.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Math   Date   11	,	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    M M M		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 14 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Date		[F14111 F21 - 11	

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OF

Schedule E)	II EXPEND	ITUNES		PAGE 22 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Felicia A Jones			M = M /	Distribution/Dissemination
Mailing Address 4106 Martha St			Amount	12 2014
City	Ctata	7:- Cada		0.00
City Shreveport	State LA	Zip Code 71109	Transaction ID	9.90 D : <b>8106d426-9459-4e1c-b</b>
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbur	sement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	271547.24	Disbursement For: 2014 Other (spe	Primary X General
Full Name of Payee	-			Distribution/Dissemination
Zachary Vidrine			M M /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		65.00
Ville Platte	LA	70586		: ed6c3691-8212-47d7-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	271547.24	Disbursement For: 2014 Other (spe	Primary ☐ General
(a) SUBTOTAL of Itemized Independent Expenditur	es			74.90
			-	4
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidary party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 / D D D 14	2014
Signature				

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Zachary Vidrine		11 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun		Amount
City Sta	te Zip Code	16.80
Ville Platte		Transaction ID : 54044546-d0ec-4f9d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	271547.24 Disburs 2014	sement For: Primary X General  Other (specify) ▶
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street		11 12 2014 Amount
City Sta	te Zip Code	70.00
Ville Platte	A 70586 1	Fransaction ID : 352347da-4d02-4610-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 12 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose □	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	271547.24 Disbur 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	86.80
(b) SUBTOTAL of Unitemized Independent Expenditures.	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

Schedule E)	TI EXI END	ITOTIES		PAGE 24 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Michael Vidrine			M 11	
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		21.90
Ville Platte	LA	70586		cion ID : 6c828c08-c79e-4745-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	271547.24	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Cynthia N Schmit			M 11	
Mailing Address 2226 Taft Circle Apt 1			Amount	
City	State	Zip Code		15.00
Winchester	VA	22601		on ID: b8f9a818-88fa-4738-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	36.90
(b) SUBTOTAL of Unitemized Independent Expend	ituros			
(b) SOBTOTAL OF Officernized independent Expend	itures		•	7 7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		14 2014
<b>3</b>				

Schedule E)	VI EXI END	ITOTILO		PAGE 25 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		* M / D * D / Y * Y * Y * Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Gregory Green				11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amour	nt
City	State	Zip Code		80.00
Shreveport	LA	71104		action ID: 0912523a-3fa9-41ae-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 12 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	:	271547.24	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Gregory Green				11 12 2014
Mailing Address 2506 Bolch Street			Amour	nt
City	State	Zip Code		61.20
Shreveport	LA	71104		ction ID: 5155c909-52cd-4e50-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 12 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	271547.24	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			141.20
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	14 / 2014
<del></del>				

Schedule E)	I EXI END	TOTILO		PAGE 26 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Laura U Logie			Date of Pub	olic Distribution/Dissemination
Mailing Address 2565 Shire Circle			11 Amount	12 2014
			Amount	
City	State	Zip Code		30.00
Harrisonburg	VA	22801		n ID: d9312962-2504-458c-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	271547.24	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Joneisha Stewart			M M M	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		30.00
Marrero	LA	70072		ID: 5440c755-ed7c-4964-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement For: 2014 Other (	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S		. •	60.00
(b) CURTOTAL of Unitamized Independent Evenndit				
(b) SUBTOTAL of Unitermized Independent Expendit	ures		• •	7 -
(c) TOTAL Independent Expenditures			<b>•</b>	p. 1 . 45 . 1 . 45 . 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	
Signature				

Schedule E)	IVI EXI ENE	7101120		PAGE 27 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Joneisha Stewart			M	Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr			Amount	1 12 2014
City	State	Zip Code		9.00
Marrero	LA	70072		ction ID : 678d87ec-be01-49db-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	1 1 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement 2014 Oth	For: Primary General ner (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Jessica R Resendiz				11 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amoun	لىنتى لتا ك
0.11	01-1-	7:- 0-1-		00.00
City  Keithville	State LA	Zip Code 71047		90.00  tion ID : 755cac04-5e0c-42ac-9  Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	1 12 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	99.00
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· •	7   7   7
(c) TOTAL Independent Expenditures			·· •	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	e 11	14 2014
Signature				

Schedule E)	VI EXI END	ITOTILO		PAGE 28 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz			M = M /	Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	12 2014
City	State	Zip Code		19.20
Keithville	LA	71047		D: 03c9b96d-c604-4d76-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee Lilly Green	_		Date of Public	Distribution/Dissemination
Mailing Address 205 Medallion Circle			11	12 2014
			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119		: e908b987-a5b7-4df1-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	271547.24	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			99.20
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
(a) actionic of children and policina Expone				1 1 49 1 1 45 1
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	2014
•				

Schedule E)	II EXI END	ITOTIES		PAGE 29 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			M 1 M /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		67.80
Shreveport	LA	71119		: 8fac0689-9570-4ba3-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Timothy Foley			M = M /	12 / 2014
Mailing Address 20679 Glenbrook Terrace			Amount	
City	State	Zip Code		40.00
Sterling	VA	20165		: c7265457-7186-4fc9-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es			107.80
				7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	45
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	2014
2.g				

Schedule E)	IN EXILIND	ITOTILO		PAGE 30 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Hannah J Landry			Date of Public	Distribution/Dissemination
Mailing Address 1110 N Coolidge			Amount	12 2014
City Gonzales	State LA	Zip Code 70737		110.00 D : ac884fbc-43f4-4776-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbur	sement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Hannah J Landry			Date of Public	Distribution/Dissemination
Mailing Address 1110 N Coolidge			11	12 2014
			Amount	
City	State	Zip Code		31.26
Gonzales  Purpose of Expenditure	LA	70737		: 66d19e56-77e2-40db-8 rement or Obligation
Mileage		Category/ Type 002	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	271547.24	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			141.26
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
( <b>a</b> ) <b>c c c c c c c c c c</b>			7	4
(c) TOTAL Independent Expenditures			•	- APA   APA
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 14 14	2014
g.i.a.a.o				

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Mary C Lee	11 12 2014
Mailing Address 1030 N Coolidge Ave	nount
City State Zip Code	110.00
Gonzales LA 70737 Tra	ansaction ID: d4a24b6d-7d19-4641-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 12 2014
Name of Federal Candidate Support Office Soil	ought: House District: 00
Ms. Mary L Landrieu Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 271547.24  Disbursen 2014	ment For:
Full Name of Payee  Mary C Lee	ate of Public Distribution/Dissemination
	11 12 2014
Mailing Address 1030 N Coolidge Ave	mount
City State Zip Code	31.26
Gonzales LA 70737 Tra	insaction ID: 1ddb954e-97a6-4ab6-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 271547.24  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	141.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	14 2014
Signature	

PAGE 31

OF

Schedule E)	II EXI EI			PAGE 32 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			li	C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Philip Elkins			М	Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr			Amoun	11 12 2014 t
City	State	Zip Code		20.00
Bossier City	LA	71111		ction ID: 861b8c6f-3c72-44e5-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Philip Elkins				11 12 7 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 227 Lincoln Dr			Amoun	لىنتىا لتا ك
O't-	01-1-	7'- 0-4-		45.00
City  Bossier City	State LA	Zip Code 71111		15.09 tion ID : 6254c1bd-9175-4cb2-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 / 12 / 2014
Name of Federal Candidate		Support	Office Sought:	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	<b>7</b>	271547.24	Disbursement 2014 Otl	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	35.09
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(c) TOTAL Independent Expenditures			· • :	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	e 11	14 2014
Signature				

Schedule E)	INT EXPEND	ITONES		PAGE 33 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Elvis Spears			Date of F	Public Distribution/Dissemination
Mailing Address 2150 Hope St			11 Amount	
City	State	Zip Code		80.00
New Orleans	LA	70119		ion ID : cfebab5d-f6f8-4b1a-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	271547.24	Disbursement Fe 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Elvis Spears			M 11	
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		8.40
New Orleans	LA	70119		on ID: 3437ad78-2759-4868-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			88.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(b) CODICING OF CHIROLOGIC EXPORT				7 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		14 2014
<del>-</del>				

Sche	edule E)	// m	1101120		-	PAGE 34 OF FOR SE OF FORM	
	OF COMMITTEE (In Full)					NTIFICATION NUI	
Woı	men Speak Out PAC					00530766	
Check	s if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D   D / Y   Y	YYY
	ull Name of Payee ERIC TABARY			Da	M = M /		YYY
Ma	ailing Address 6101 NORA ST			An	11 nount	12 20	014
Ci	itv Stat	to .	Zip Code	— Г			40.00
	METAIRIE LA		70003			: edaf9bdf-aa53-4 sement or Obligation	038-9
	urpose of Expenditure Salary		Category/ Type 001		11 /	D D / Y Y	014
Na	ame of Federal Candidate		Support	Office Sou	ught:	House District:	00
M	ns. Mary L Landrieu		X Oppose		sident X		
	Calendar Year-To-Date Per Election for Office Sought	2	271547.24	Disbursen 2014	nent For:		General
	ull Name of Payee ERIC TABARY			Da	M = M /		YYY
М	lailing Address 6101 NORA ST			An	nount	12 2	014
Ci	ity Stat	te	Zip Code				1.20
	METAIRIE LA	4	70003			: <b>82f83012-6101-4</b> 9 sement or Obligation	
	urpose of Expenditure Mileage		Category/ Type 002		11 /		014 Y
Na	ame of Federal Candidate		Support	Office So	ught:	House District	00
N	/Is. Mary L Landrieu		X Oppose		sident	<u>.                                    </u>	1
	Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursen 2014	nent For: Other (spe		General
(a)	SUBTOTAL of Itemized Independent Expenditures			··· <b>•</b>	- T	4	1.20
(b)	SUBTOTAL of Unitemized Independent Expenditures			··· <b>•</b> [	1 1 7		
(c)	TOTAL Independent Expenditures			··· •		7	-
with	der penalty of perjury I certify that the independent ex n, or at the request or suggestion of, any candidate or ty committee) any political party committee or its agent	authorized					
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	14	2014	
	Signature		_				

Schedule E)	VI EXI END	ITOTILO		PAGE 35 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Carl Brent			M M /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70126		D: f486d6d1-86c7-4c07-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	271547.24	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Carl Brent			M - M /	12 / Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr			Amount	12 2014
City	State	Zip Code		11.70
New Orleans	LA	70126		D: 11fa9be2-e135-4f34-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	271547.24	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res			91.70
			4	7
(b) SUBTOTAL of Unitemized Independent Expend	litures		<b>•</b>	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	2014
- 9				

Schedule E)	II EXPEND	ITORLS		PAGE 36 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Brogan A Benoit			M = M	ic Distribution/Dissemination
Mailing Address 7144 South River Rd			Amount	12 2014
City	State	Zip Code		60.00
Addis	LA	70710		ID: 39174aae-47d0-4a2a-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	12 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President [	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	271547.24	Disbursement For: 2014 Other (specification)	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Brogan A Benoit			M M M	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		6.30
Addis	LA	70710		<b>D</b> : 29e64584-3603-4adc-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	271547.24	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	66.30
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	2014
•				

Schedule E)	I EXI END	TOTILO		PAGE 37 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gage Blank			M M /	12 / 2014
Mailing Address 5342 Eudora Dr			Amount	
City	State	Zip Code		40.00
Addis	LA	70710		D: dcb3448d-f472-4545-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	71547.24	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Gage Blank			11	12 / 2014
Mailing Address 5342 Eudora Dr			Amount	
City	State	Zip Code		7.50
Addis	LA	70710		D: a1002301-3c91-46f7-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M - M /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	271547.24	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	98			47.50
,			7	7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 14	2014
3				

Schedule E)	INI EXI END	THORIES	PAGE 38 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St			11 12 2014 Amount
City	Ctata	Zin Codo	00.00
City New Orleans	State LA	Zip Code 70116	90.00  Transaction ID: b7021d60-9496-4dfc-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For: Primary
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St			11 12 2014 Amount
City	State	Zip Code	8.40
New Orleans	LA	70116	Transaction ID : bf9b7660-143d-4fac-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		98.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •
			7 7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 14 2014
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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Evelyn Lesaicherre	11 12 2014
Mailing Address 629 Radiance Ave	mount
City State Zip Code	80.00
Metairie LA 70001 Tr.	ansaction ID: 88449fab-989e-49a7-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 12 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Mary I Landrieu	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 271547.24  Disburser	ment For:
Full Name of Payee Evelyn Lesaicherre	ate of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave	11 12 2014 mount
City State Zip Code  Metairie LA 70001 Tra	5.40 Insaction ID : 20d9b8b8-5968-4272-9
Purpose of Expenditure	ate of Disbursement or Obligation
Mileage Category/ Type 002	11 / 12 / 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 271547.24  Disburser	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	85.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	14 2014
Signature	

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OF

, , , , , , , , , , , , , , , , , , ,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour repo	rt New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Christine Stevens			Date	of Public Distribution/Dissemination
				11 12 2014
Mailing Address 100 Asbury Ct			Amou	unt
City	State	Zip Code		70.00
Winchester	VA	22602		saction ID: 9977de69-7ee6-400d-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 12 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	2	271547.24	Disbursemer 2014	nt For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee  Jazmine d Conner				of Public Distribution/Dissemination
Mailing Address 100 ASBURY CT			Amou	
City	State	Zip Code	— I	60.00
WINCHESTER	VA	22602		action ID: 6c017352-1c7a-4cea-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 12 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement 2014	nt For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		<b>.</b>	130.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· •	4 4 4
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 11	14 2014
Signature				

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OF

Schedule E)	VI EXI END	HONES		PAGE 41 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jon E Conner			M 11	12 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602		D: 349b5eb1-5ac2-4a3a-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	271547.24	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Rodney O Culbreath			11	12 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		D: 627d3aee-9f89-4d72-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	271547.24	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. •	130.00
				7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 14	2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report	filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	M M / D D / Y Y Y Y
Mailing Address 100 Asbury CT	11 12 2014
3200 Dam Neck Rd	Amount
City State Zip Code	70.00
Winchester VA 22602	Transaction ID : 569c08ff-4c11-469c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calcildal Ical Io Date	Disbursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rze Culbreath	M = M / D = D / Y = Y = Y
Mailing Address 100 Asbury Ct	11 12 2014
5 TOO ASDUTY CE	Amount
City State Zip Code	60.00
Winchester VA 22602	Transaction ID: 92db2f18-969f-4cb1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 12 2014
Name of Fodoval Condidate	
Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of experty committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	11 14 2014
Oignature	

Schedule E)	TI EXI EILD	TOTILO		PAGE 43 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Sheri J Peace			M 1	
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		80.00
Keithville	LA	71047		ction ID : 5be9a769-4136-4714-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	271547.24	Disbursement I	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Sheri J Peace			1	
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		15.90
Keithville	LA	71047		tion ID : 07a2af4c-fbbb-4c87-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	271547.24	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			95.90
				7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		14 2014
- 9				

Schedule E)	II EXI END	ITOTIES		PAGE 44 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Amanda Boley			11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		67.50
charlotte	NC	28227		D: c4594c6a-4533-40ab-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		271547.24	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Amanda Boley			11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		17.10
charlotte	NC	28227		: e70ff7c0-1669-4f27-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	271547.24	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es			84.60
,,			7	7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	3507.11
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 14 14	2014
Signaturo				